

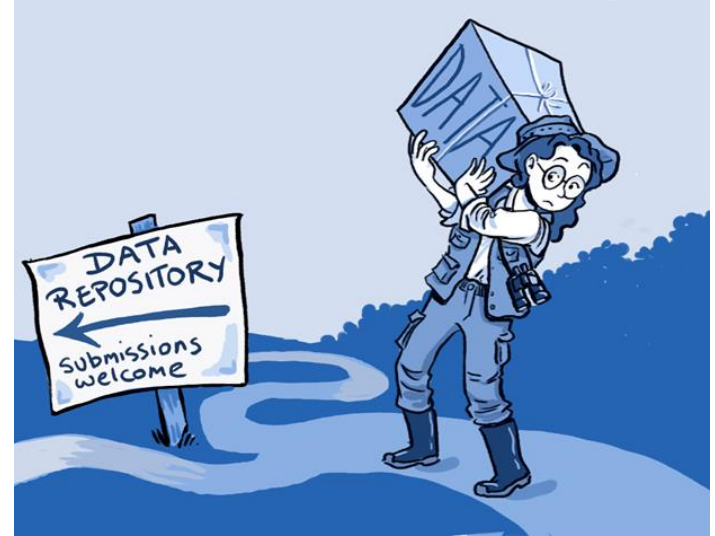
Guidance on Performance Measures and Community Health Assessment

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Community Health Promotion Section
KDHE Bureau of Health Promotion

Data requirements for CDRR

Section B: CDRR Data & Information Requirements

- Community assessment
- Recruit schools and administer youth surveillance as requested
- Collect and submit local policies as requested
- Compass database for CDSME



Section D: CDRR Data & Information Requirements

- Performance measures:
 - Required & additional
 - Reporting requirement
- Reach (where requested in progress reporting)

A large, solid red hexagon is centered on a white background. Inside the hexagon, the text "Why Data?" is written in a white, sans-serif font.

Why Data?



Snapshot of selected progress



6 new policies for tobacco free public spaces (e.g. parks & recreation areas) April 2015-March 2016



92 school districts and **13** colleges/universities implementing 100% tobacco free policies (data as of October, 2016)



766 unique views and **252** providers qualified for CEU credit for Brief Tobacco Intervention Training (data as September 30, 2016)



PERFORMANCE MEASURES

Performance Measures - Required

- EVERY Workplan has **required** performance measures – these are short-term & intermediate outcomes
- Application: New this year
 - Performance Measures & Data Sources are combined
 - Required performance measures pre-populated
 - Add data sources for required performance measures
- Reporting: Must be reported at mid-year and end-of-year

Performance Measures - Required

Application:

- Required performance measures pre-populated (new this year)
- **Add data source** - in parentheses at the end of the measure
- Make your information easy for reviewers to evaluate
- Remember you may need to scroll down to see all performance measures

Example:
D.4.1.5

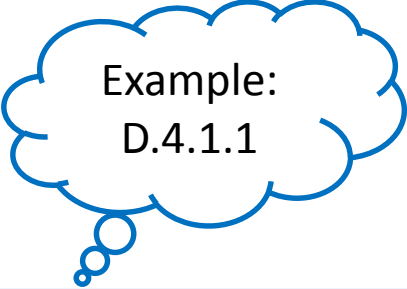
Performance Measures and Data Sources

1. Number of farmers markets serving the community who are registered with USDA and From the Land of Kansas
2. Number of farmers markets serving the community that accept federal or state nutrition assistance benefits programs (SNAP, SFMNP) as tracked in the USDA and From the Land of Kansas directories
3. Number of farmers markets serving community that offer match dollars for nutrition assistance benefits programs (SNAP, SFMNP)
4. Number of farmers markets serving community that implement new infrastructure improvements (e.g. EBT machines,

Performance Measures - Additional

- Grantees may propose **additional** performance measures
 - Process and output type measures
 - Be selective - 1 to 3 quantitative measures (consider including one that captures health equity)
 - May not be applicable to every Workplan – encouraged (if relevant) but not required
- **Why additional** performance measures?
 - Evaluation information for program improvement
 - Demonstrate progress towards meeting annual objective
- Reporting: Must be reported at mid-year and end-of-year

Performance Measures - Additional



Example:
D.4.1.1

Application:

- Add **additional performance measures and provide data source** at end of required performance measures
- Make it easy for reviewers to evaluate

Performance Measures and Data Sources

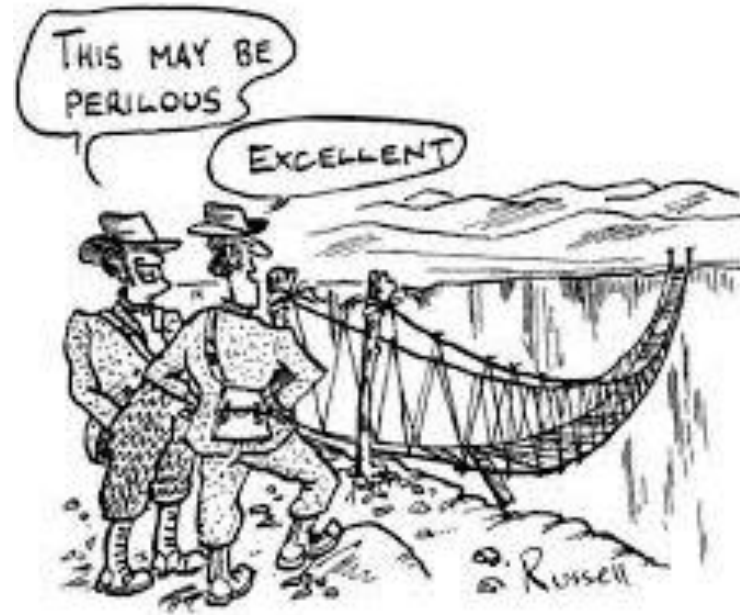
2. Number and type of food council priorities implemented that advance policy, system and environmental change to support healthy food system and food access.
3. Number of adults impacted by the food council priorities implemented that advance policy, system and environmental change to support healthy food system and food access.

Additional Performance Measures and Data Sources:

Performance measures - recap

- **Required** means required
- **Additional** measures
 - Optional but encouraged – may not apply in all Workplans
 - Be selective (remember use: evaluation & demonstrate progress towards annual objective)
 - Make sure they are useful & quantitative
- New features this year - prepopulated required measures & combined measures and data sources field)
- Specify data source for all performance measures (required and additional)





COMMUNITY HEALTH ASSESSMENT

Community Health Assessment

- “..a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community.
- ...ultimate goal is to develop strategies to address the community’s health needs and identified issues.
-variety of tools and processes may be used....the essential ingredients are community engagement and collaborative participation.”

Community Health Assessment (CHA)

CDRR requirements:

- **Must complete CHA if** Planning grant or Implementation grant & assessment is more than 5 years old
 - Identify needs and disparities
 - Where to focus efforts
 - Baseline against which to measure progress
- Consult with Community Health Specialist & Community Health Promotion (CHP) epidemiologist
- **Leave time for review of data collection by CHP epidemiologist**
- **Leave time for KDHE IRB review (if needed)**

Community Health Assessment (CHA)

“Use of the highest quality data pooled from, and shared among, diverse public and private sources.”

- Sara Rosenbaum, J.D.

- Principles to Consider for the Implementation of a Community Health Needs Assessment Process

- Start with existing data!
 - Burden of diseases
 - Prevalence of risk behaviors
 - Disparities
- Reserve additional data collection for qualitative information and supplemental surveys on opinion type questions, neighborhood context, community priorities

Existing data (“secondary data”)

Partial list of existing data with high quality:

- Kansas Behavioral Risk Factor Surveillance System: <http://www.kdheks.gov/brfss/>
- Kansas Information for Communities: <http://kic.kdheks.gov/>
- Kansas Health Matters: <http://www.kansashealthmatters.org/>
- Kansas Annual Summary of Vital Statistics: <http://www.kdheks.gov/phi/index.htm>
- Kansas Environmental Public Health Tracking:
<https://keap.kdhe.state.ks.us/Ephtml/>
- Kansas Maternal and Child Health 2014 Biennial Summary:
http://www.kdheks.gov/c-f/downloads/2014_MCH_Biennial_Summary.pdf
- United States Census Bureau: <http://www.census.gov/en.html>
- American Community Survey: <https://www.census.gov/programs-surveys/acs/>
- Supplemental Nutrition Assistance Program (SNAP):
<https://www.fns.usda.gov/pd/supplemental-nutrition-assistance-program-snap>

Why start with existing data?

- High quality existing data (e.g Kansas BRFSS, vital statistics) provide **scientifically valid and generalizable estimates**
- Data collection can be time consuming and expensive – reserve those resources for information that cannot be obtained any other way



Don't reinvent
the wheel

What could possibly go wrong?

- Scenario: Steering committee members decide a community survey is crucial. The survey includes
 - A complete set of demographic questions (age, race/ethnicity, zipcode, income, education, gender, insurance status etc)
 - Questions about diagnosis of health conditions (e.g. heart disease), height, weight, smoking status, health care access
- **What could possibly go wrong?**

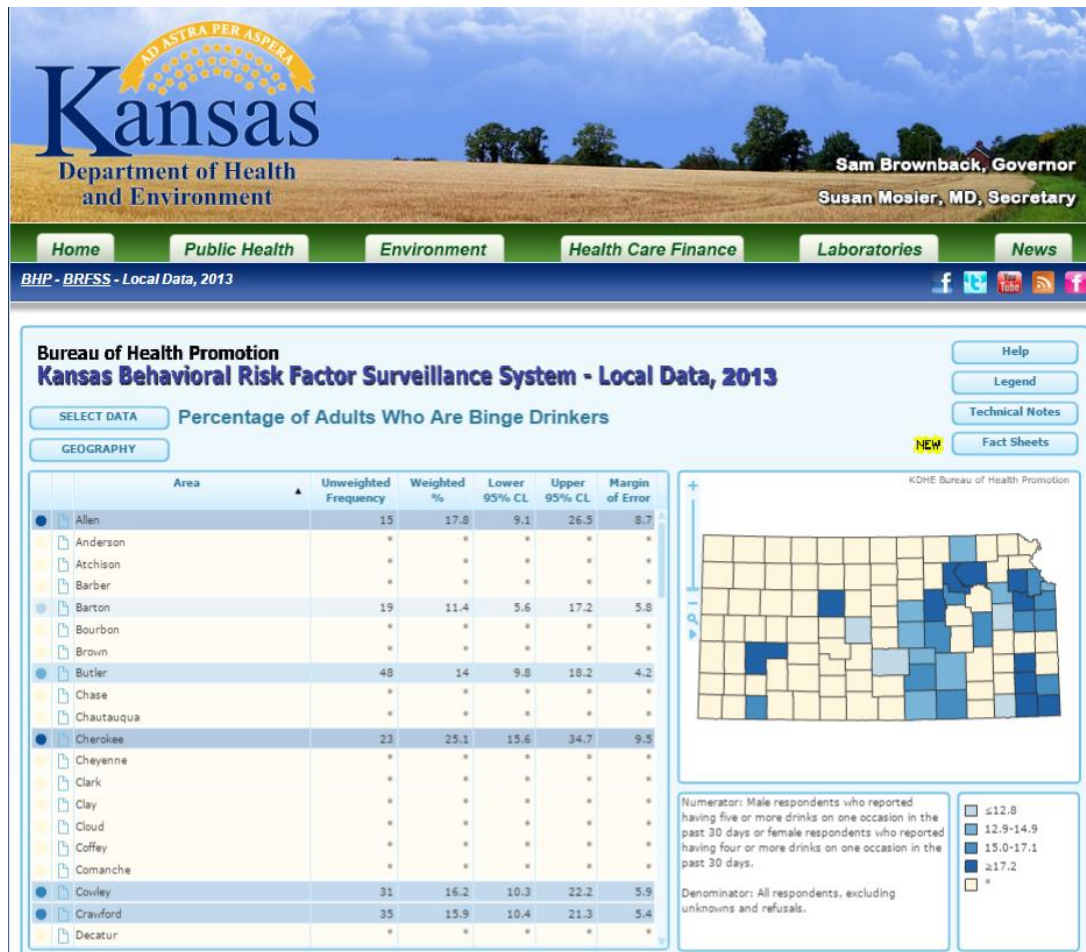


What could possibly go wrong?

- Scenario: Steering committee members decide a community survey is crucial. The survey includes
 - Demographic questions (age, race/ethnicity, zipcode, income, education, gender, insurance status etc)
 - Diagnosis of health conditions (e.g. heart disease), height, weight, smoking status, e-cigarette use, health care access
- What could possibly go wrong?
 - **Bad data**
 - **Unrepresentative information**
 - **Ethical issues**



BRFSS Local Data



- Collected odds years: 2009, 2011, 2013 available online
- Geography available:
 - County
 - Region
- Reports available for download, include sub-population estimates
- Ask CHP epidemiologist for help or additional data if needed

<http://www.kdheks.gov/brfss/BRFSS2013/index.html>

BRFSS Local Data

Bureau of Health Promotion Kansas Behavioral Risk Factor Surveillance System - Local Data, 2013

SELECT DATA

GEOGRAPHY

Percentage of Adults Who Currently Smoke Cigarettes

Help

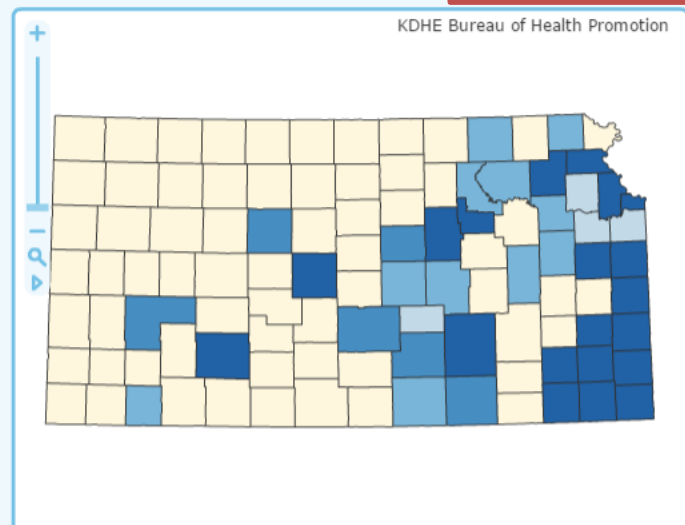
Legend

Technical Notes

Fact Sheets

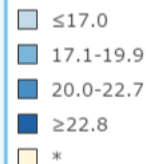
NEW

	Area	Unweighted Frequency	Weighted %	Lower 95% CL	Upper 95% CL	Margin of Error
●	Allen	30	23.2	14	32.3	9.1
●	Anderson	*	*	*	*	*
●	Atchison	28	23	14.1	32	8.9
●	Barber	*	*	*	*	*
●	Barton	32	23.9	15.2	32.6	8.7
●	Bourbon	26	22.8	13.7	32	9.2
●	Brown	19	18	9.4	26.7	8.6
●	Butler	106	24.9	20.1	29.7	4.8
●	Chase	*	*	*	*	*
●	Chautauqua	*	*	*	*	*
●	Cherokee	28	27.4	17.7	37	9.6
●	Cheyenne	*	*	*	*	*
●	Clark	*	*	*	*	*
●	Clay	*	*	*	*	*
●	Cloud	*	*	*	*	*
●	Coffey	*	*	*	*	*
●	Comanche	*	*	*	*	*
●	Cowley	44	20.7	13.9	27.5	6.8
●	Crawford	77	27.1	20.8	33.4	6.3
●	Decatur	*	*	*	*	*

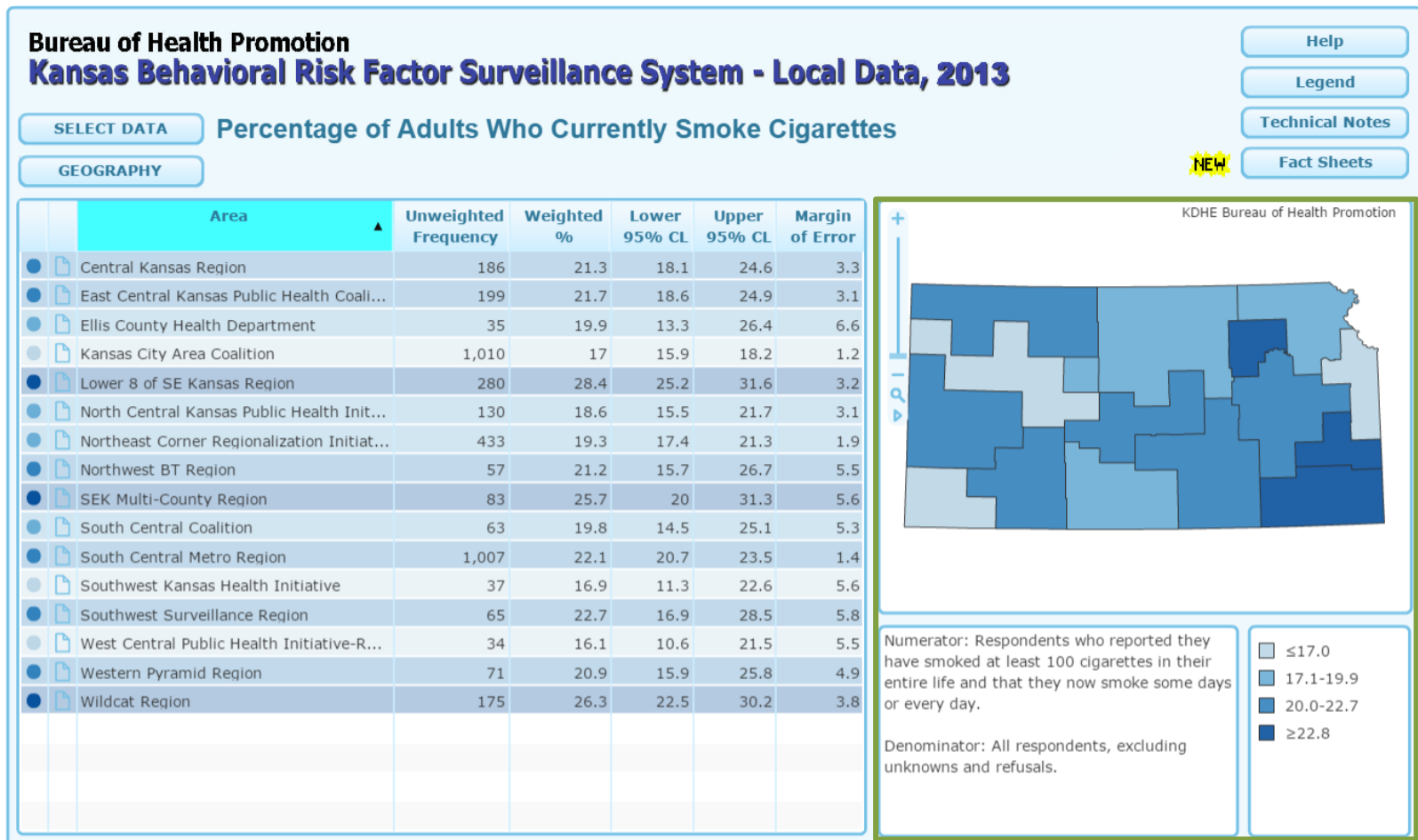


Numerator: Respondents who reported they have smoked at least 100 cigarettes in their entire life and that they now smoke some days or every day.

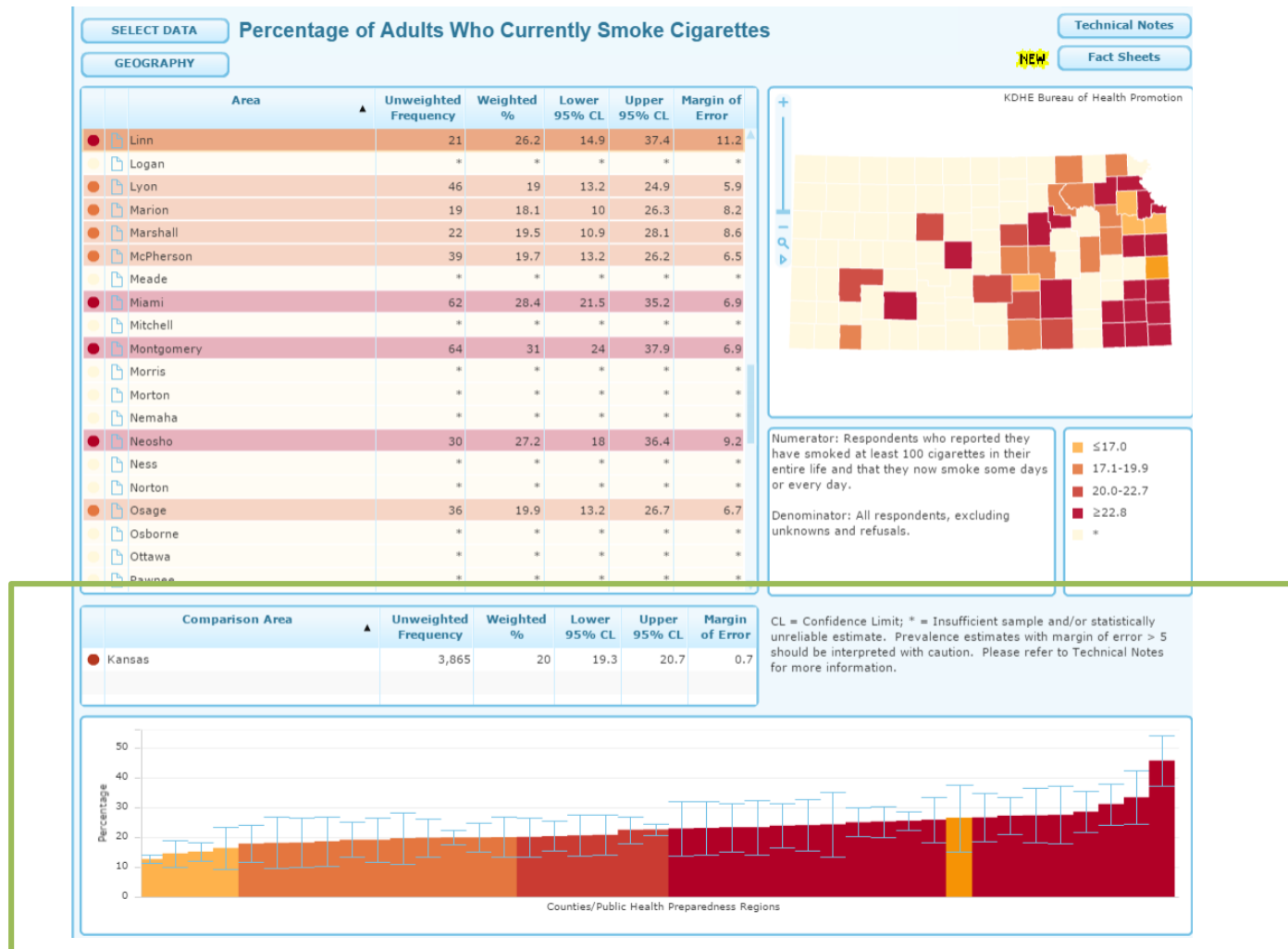
Denominator: All respondents, excluding unknowns and refusals.



BRFSS Local Data



BRFSS Local Data



Kansas BRFSS Local Data, 2015 (Beta version/Pre-release)

Bureau of Health Promotion Kansas Behavioral Risk Factor Surveillance System - Local Data, 2011 - 2015

SELECT DATA ▼

GEOGRAPHY ▼

Percentage of Adults Who Are Binge Drinkers (2015)

Area (2015)	Unweighted Frequency	Weighted %	Lower 95% CL	Upper 95% CL	Margin of Error
Cowley	10.1	10.1	5.5	14.7	4.6
McPherson	12.1	12.1	6.6	17.6	5.5
Sumner	12.3	12.3	6.1	18.6	6.2
Butler	12.4	12.4	8.4	16.3	3.9
Labette	12.7	12.7	5.8	19.7	6.9
Marshall	13.5	13.5	7.0	20.0	6.5
Franklin	13.6	13.6	7.7	19.5	5.9
Osage	13.6	13.6	7.0	20.3	6.7
Reno	13.6	13.6	9.7	17.5	3.9
Ford	14.0	14.0	7.7	20.2	6.2

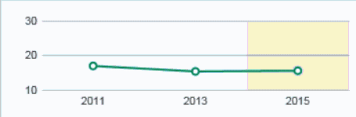
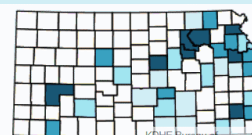
Clear ✕ Filter ✕

Comparison Area	Unweighted Frequency	Weighted %	Lower 95% CL	Upper 95% CL	Margin of Error
Kansas	15.6	15.6	15.0	16.3	0.7



Help Print Technical Notes Report/Fact Sheets

Percentage of Adults Who Are Binge Drinkers (2015)



Multi-year Trendline -- Click year or controls

Numerator: Male respondents who reported having five or more drinks on one occasion in the past 30 days or female respondents who reported having four or more drinks on one occasion in the past 30 days.

Denominator: All respondents, excluding unknowns and refusals.

CL = Confidence Limit. * = Insufficient sample and/or statistically unreliable estimate. Prevalence estimates with margin of error > 5 should be interpreted with caution. Please refer to Technical Notes for more information.



- 2015 local data analyzed and available upon request
- Enhancements:
 - Access all years of data
 - Trend line (2011-2015)
 - Reminder: cannot compare 2009 to 2011 and later data

Kansas BRFSS Local Data, 2015

(Beta version/Pre-release)

Bureau of Health Promotion Kansas Behavioral Risk Factor Surveillance System - Local Data, 2011 - 2015

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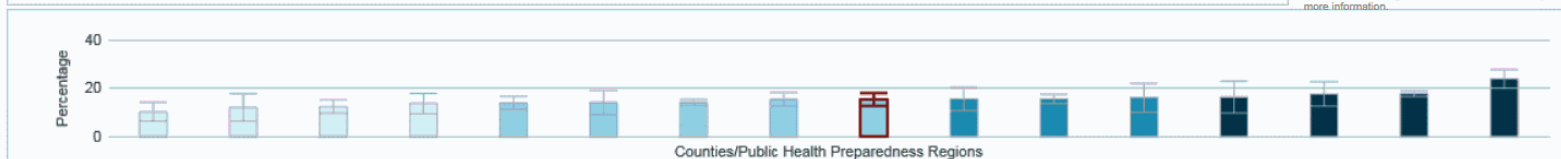
GEOGRAPHY ▼

Percentage of Adults Who Are Binge Drinkers (2015)

Area (2015)	Unweighted Frequency	Weighted %	Lower 95% CL	Upper 95% CL	Margin of Error
Central Kansas Region	15.4	15.4	12.5	18.2	2.9
East Central Kansas Public Health Coalition	13.9	13.9	11.2	16.6	2.7
Ellis County Health Department	16.3	16.3	9.7	22.9	6.6
Kansas City Area Coalition	17.7	17.7	16.5	18.9	1.2
Lower 8 of SE Kansas Region	15.4	15.4	12.7	18.0	2.7
North Central Kansas Public Health Initiative	12.4	12.4	9.6	15.2	2.8
Northeast Corner Regionalization Initiative	15.7	15.7	13.7	17.6	2.0
Northwest BT Region	14.1	14.1	9.1	19.1	5.0
SEK Multi-County Region	15.5	15.5	10.7	20.4	4.8
South Central Coalition	17.6	17.6	12.6	22.7	5.0

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Kansas	15.6	15.6	15.0	16.3	0.7



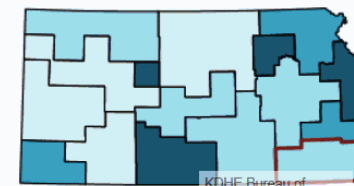
Help

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Report/Fact
Sheets

Percentage of Adults Who Are Binge Drinkers (2015)



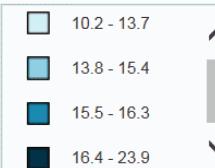
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Community Health Assessment- recap

- Use existing data first
- Additional data collection focused on opinions and supporting information
- Allow times for review and feedback
- May need IRB review
- BRFSS local and regional data
 - Available since 2009
 - Remember do not compare 2011 and beyond to 2009
 - 2015 data available for you to use – please ask!
- Today: please complete BRFSS local mini-survey

Questions



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